

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



October 17, 1985

ALL COUNTY INFORMATION NOTICE NO. I-80-85

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: TURNER v. McMAHON CONSENT DECREE

REFERENCE:

In a mutual agreement with the attorneys for the plaintiffs in Turner v. McMahon the Department has delayed the implementation of the Notice of Action (NOA) messages and forms required in the Turner Consent Decree. The new implementation date is expected to be July 1, 1986.

As part of the agreement, the Department has developed a new two column format for NOAs. Also, we agreed to survey all the counties on their ability to use the required form. This letter begins the survey process to which we agreed.

Attached is a copy of the survey, two versions of the proposed NOA form (the NA296-A and NA296-B) and a copy of the NA296-B with a sample message and computation. Only one form will be selected for the final use. It will be amended based on survey responses as well as the advice of DSS legal and program staff and the Turner plaintiff attorneys. The forms were designed in consideration of both the "manual" and the "automated" county systems. The goal is to use one blank NOA form in all counties. The state will maintain a supply, in three part sets, in the warehouse. Counties may print their own supplies on regular or pin fed stock. Continuation pages (see attached NA270, NA271, NA273 and NA274) will also be preprinted and warehoused. Counties with automated systems can convert the continuation pages to messages to be printed on copies of the new NA296.

Please thoroughly review the two proposed NOA forms and answer the questionnaire as completely as possible. The Department will summarize the county responses and prepare a report for the Turner plaintiff attorneys prior to meeting with them during the first week in December. All comments are valuable and will be included in the report. We plan no other vehicle for county comment on this proposed format.

Send your written responses to:

State of California
Department of Social Services
AFDC-PIB, Forms Unit
MS 16-31
744 P Street, Room 1650
Sacramento, CA 95814

Attention: Doris Keller

Responses are due November 4, 1985.

If you have any questions, please call Doris Keller at (916) 324-2017.

Robert Sutch
for ROBERT A. HOREL
Deputy Director

Attachment

cc: CWDA

COUNTY NOTICE OF ACTION

QUESTIONNAIRE

PLEASE ANSWER THE QUESTIONS AS COMPLETELY AS POSSIBLE. ATTACH ADDITIONAL SHEETS AS NECESSARY.

County Name

Date

Contact Person for Further Information

Telephone Number

1. a. On the average, how many AFDC Notices of Action (NOA) does your county prepare monthly? _____

b. On the average, how many NOAs does your county prepare monthly in each of the programs listed below?

Medi-Cal _____

Food Stamps _____

GA/GR _____

RCA/ECA/RDP _____

IHSS _____

Others (specify program) _____

FOR PURPOSES OF THIS QUESTIONNAIRE, manual NOAs are defined as those that have the specific information completed by hand or typewriter. The specific information means either 1) the case name, etc., and completion of the checked boxes; and/or 2) the case name and the entire message. Automated NOAs are those which are prepared by selecting stored messages to be printed on blank NOA forms. The selection may be made manually or automatically but the printing is done automatically by programmed equipment.

A. GENERAL QUESTIONS: MANUAL SYSTEMS

2. Show below, by action type, the percentage of monthly AFDC NOAs prepared by each method.

| <u>Action</u> | <u>% of Total Prepared "Manually"</u> | <u>% of Total Prepared "Automatically"</u> |
|--------------------|---|--|
| Approve | _____ | _____ |
| Deny | _____ | _____ |
| Discontinue | _____ | _____ |
| Suspend | _____ | _____ |
| Increase grant | _____ | _____ |
| Decrease grant | _____ | _____ |
| Under/Overpayments | _____ | _____ |
| Others | _____ | _____ |

3. Show below the monthly percentage of other program NOAs prepared by both methods.

| | <u>Total # of Monthly Notices</u> | <u>% of Prepared "Manually"</u> | <u>% of Prepared "Automatically"</u> |
|--------------------|---|---|--|
| Medi-Cal | _____ | _____ | _____ |
| Food Stamps | _____ | _____ | _____ |
| GA/GR | _____ | _____ | _____ |
| RCA/ECA/RDP | _____ | _____ | _____ |
| IHSS | _____ | _____ | _____ |
| Others | _____ | _____ | _____ |
| (specify programs) | _____ | _____ | _____ |

4. If not now automated, please explain any plans the County may have to move toward automating notices of action. Include projected timeframes and types of equipment. Please be specific.

Continue on to Question 5 and beyond if your County prepares any NOAs with automated equipment or you expect to within the next 12 months.

Go to Question 16 if your County prepares no "automated" NOAs and does not intend to.

B. GENERAL QUESTIONS, AUTOMATED SYSTEMS

5. What percentage of the total monthly NOAs are prepared by automated equipment?

____ 0%. You must answer Question 4.

More than 0% but less than 100%. Show the percentage: _____
Go to Question 6.

____ 100%. Go to Question 6.

____ 0% now but expect at least some within the next year. You must answer both Question 4 and continue to #6 and beyond.

6. What type(s) of automated equipment does your county utilize to generate NOAs and what percentage of the automated NOAs are generated by each?

| <u>Type</u> | <u>Brand</u> | <u>Style</u> | <u># of Units</u> | <u>% of Automated NOAs Generated</u> |
|------------------------------|--------------|--------------|-------------------|--------------------------------------|
| Memory Typewriter(s) | | | | |
| Word Processor(s) | | | | |
| Personal (Micro) Computer(s) | | | | |
| Mini-Computer(s) | | | | |
| Main Frame Computer(s) | | | | |

7. Please indicate all the pertinent information concerning the currently used printer(s) in your county.

| <u>Brand</u> | <u>Print Type (Impact, Laser, etc.)</u> | <u>Print Style (Dot Matrix, Character, etc.)</u> | <u># of Units</u> | <u>Speed</u> | <u>% of Automated NOAs Generated</u> |
|--------------|---|--|-------------------|--------------|--------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

- *over* ---

[illegible]

9. Does your county generate "automated NOAs" in conjunction with any other county and/or automated system? (Other counties or another department in your own county)

No.

Yes. Specify the county and/or the system:

10. Please explain any plans your county may have to modify your existing system or coordinate with any other system to create automated NOAs. Include projected timeframes and types of equipment.

C. FORMAT QUESTIONS, AUTOMATED SYSTEMS

(Please refer to the attached NA 296A and 296B.) Only one of the proposed 296 forms will be finalized. For two-page NOAs, the printed information would continue on an identical form when using an automated system and a continuation page when the NOA is completed manually.

11. a. Can your automated equipment be reprogrammed to print in the format of the samples (the written message in a single column on the left and the numbers on the right)?

____Yes. Specify the amount of time it would take you to reprogram: _____

Specify the cost to reprogram: \$ _____

____No. Specify the earliest date your system could be modified to print NOAs in this format: _____

Specify the estimated cost of the modifications and/or purchases necessary to print in this format: \$ _____

- b. Can your system be reprogrammed for a new AFDC format and still print notices on letters in other programs in the old format?

____Yes.

____No.

- c. If the AFDC format changes, will you change the format for all of the other programs?

____Yes. Please list the programs and explain why you will change: _____

____No. Please explain why: _____

12. Can your automated equipment be programmed to print words and numbers on Lines 2, 3, 4, 14, and 15 of the proposed NA 296A or NA 296B?

____Yes.

____No. Specify why the equipment cannot be programmed for this function: _____

13. Can your county's automated system complete the check boxes on the attached NA 296-A and NA 296-B forms?

____Yes.

____No. Please explain why: _____

14. a. Is the county appeals address block on the NA 296-A and NA 296-B in a location that is compatible to the location of the county address on the other forms you print?

____Yes. Go to Question 15.

____No. Go to Question 14b.

- b. Can your system be modified to change the location on the other correspondence?

____Yes.

____No. Please explain why: _____

15. Attached in the review package is a NA 296-B that has been completed with a sample message. The items underlined in the sample represent blanks in the original message that have been filled in for a specific case.

- a. Is your automated system capable of filling in the person's name and the date as well as the computation?

____Yes. Go to Question 16.

____No. Please explain the procedure your county uses to fill in the case specific information: _____

b. Can your system be reprogrammed to fill in the case specific information?

____Yes. Go to Question 16.

____No. Please explain the procedure your county will probably use to fill in the case specific information: _____

D. FORMAT QUESTIONS, MANUAL AND AUTOMATED QUESTIONS

All Counties Must Answer These Questions

(Please refer to the attached sample forms.) Only one of the proposed 296 forms will be finalized. For two-page NOAs, the printed information would continue on an identical form when using an automated system and a continuation page when the NOA is completed manually.

16. The computation section is drafted at 6 lines to the inch on the proposed NA 296A and 296B. If it is printed in this same spacing will your county be able to complete this section with your automated equipment?

____Yes.

____No. Explain the reason: _____

17. a. The NA 296-B has a space for the worker's branch office address and the Appeals (hearings) Office address. Will your county need additional space for another county address?

____No.

____Yes. Please explain: _____

- b. The NA 296-A will show the county name and address on the front along with an EW branch office location. If this form is adopted the back will still show the Appeals Office address. Will this be easier for your county to use than the 296-B?

____ Yes. Please explain: _____

____ No. Please explain: _____

18. Does your county have the capacity for retaining specific information not shown in the computation, i.e., the amounts for the 30 and 1/3 at Line #10?

____ Yes.

____ No. Please explain: _____

19. a. The "Date/Case Name" block is in different locations on the 296-A and the 296-B forms. Which location is best for your county?

____ 296-A. Answer 19b below.

____ 296-B. Answer 19b below.

____ Neither one. Answer 19c below.

- b. Please explain the specific reasons for not choosing the other format:

- c. Please explain why neither format can be used in your county. Be specific:

20. How will your county use the proposed continuation pages? Please fully explain any "other comments" you offer.

NA 270

____ Will use as a preprinted page.

____ Will use a second 296 instead.

NA 271

____ Will use as a preprinted page.

____ Will convert it to messages. Please specify the messages your county will create from this page: _____

____ Other comments: _____

NA 273

Will use as a preprinted page.

Will convert it to a message.

____ Will have trouble using automated equipment to reproduce and/or complete the chart. Explain the problems in automating this form: _____

____ Other comments: _____

NA 274

____Will use as a preprinted page.

____Will convert it to a message.

____Cannot reproduce ten vertical columns of numbers. The county can do only
_____ columns of this form.

____Other comments: _____

21. On the average how many CA 7s are returned completed each month before the end of the month but too late for timely notice?

22. The proposed NA 296-A and 296-B forms have a space for a specific date in the "state hearings" section. Please explain the reasons your county would have difficulties, if any, in completing this blank. _____

23. Please show below any other problems your county would encounter when implementing either of these NOA forms (NA 296-A and NA 296-B). Please also list the specific reasons for the problem(s). _____

Notice of Action

COUNTY ADDRESS

appeals

SAMPLE

| | |
|--|--------|
| DATE | |
| CASE NAME | |
| CASE NUMBER | |
| WORKER | |
| WORKER'S ADDRESS | |
| PHONE | |
| QUESTIONS? ASK YOUR WORKER | |
| <input type="checkbox"/> GROSS INCOME IN THE MONTH OF: | |
| 1. County Collected Child Support | \$ |
| 2. | + |
| 3. | + |
| 4. | + |
| 5. TOTAL GROSS INCOME | = |
| <input type="checkbox"/> NET INCOME IN THE MONTH OF: | |
| 6. Total Earned Income | \$ |
| 7. Earned Lump Sum Income | + |
| 8. Work Expense Disregard | — |
| 9. Dependent Care Disregard | — |
| 10. \$30 and 1/3 Disregard | — |
| 11. \$30 Disregard | — |
| 12. Unearned Lump Sum Income | + |
| 13. Other Countable Income | + |
| 14. | + |
| 15. | + |
| 16. Court Ordered Support Paid | — |
| 17. NET INCOME A | = |
| County Collected Child Support 18. (financial eligibility only) | + |
| 19. NET INCOME B | = |
| <input type="checkbox"/> FAMILY NEEDS IN THE MONTH OF: | |
| 20. Basic Needs For: | \$ |
| 21. Special Needs | + |
| 22. Total Needs | = |
| 23. | x 1.85 |
| 24. 185% of Needs | = |
| <input type="checkbox"/> MONTHLY CASH AID AMOUNT | |
| 25. Basic Aid For: | \$ |
| 26. Special Needs | + |
| 27. SUBTOTAL | = |
| 28. NET INCOME A (Line 17) | — |
| 29. SUBTOTAL | = |
| Overpayment Adjustment 30. (See Page 2) | — |
| 31. Monthly Cash Aid Amount | \$ |

Rules: These rules apply. You may review them at your welfare office:

State Hearing. If you think this action is wrong, you may ask for a hearing. The back of this page tells how. Your cash aid amount may not be changed if you ask for a hearing by

Medi-Cal. If your cash aid has been stopped or denied you will get another notice about Medi-Cal.

Child Support. The District Attorney's Office can help you get support from your child's absent parent. You must ask the DA's Office for help

Family Planning Services. Your Welfare Office will give you information when you ask.

Notice of Action

COUNTY ADDRESS

Appeals

RULES: These rules apply. You may review them at your welfare office.

STATE HEARING.

If you think this action is wrong you may ask for a hearing. The back of this page tells how. Your cash aid amount may not be changed if you ask for a hearing by

DATE :
CASE NAME :
CASE NUMBER :
WORKER :
WORKER'S ADDRESS :

PHONE :

QUESTIONS? ASK YOUR WORKER

☐ GROSS INCOME IN THE MONTH OF:

1. County Collected Child Support \$
2. +
3. +
4. +

5. TOTAL GROSS INCOME =

☐ NET INCOME IN THE MONTH OF:

6. Total Earned Income \$
7. Earned Lump Sum Income +
8. Work Expense Disregard —
9. Dependent Care Disregard —
10. \$30 and 1/3 Disregard —
11. \$30 Disregard —
12. Unearned Lump Sum Income +
13. Other Countable Income +
14. +
15. +
16. Court Ordered Support Paid —

17. NET INCOME A =

County Collected Child Support
18. (financial eligibility only) +

19. NET INCOME B =

☐ FAMILY NEEDS IN THE MONTH OF:

20. Basic Needs For: \$
21. Special Needs +
22. Total Needs =
23. x 1.85
24. 185% of Needs =

☐ MONTHLY CASH AID AMOUNT

25. Basic Aid Needs: \$
26. Special Needs +
27. SUBTOTAL =
28. NET INCOME A (Line 17) —
29. SUBTOTAL =
Overpayment Adjustment
30. (See Page 2) —
31. Monthly Cash Aid Amount \$

Medi-Cal. If your cash aid has been stopped or denied you will get another notice about Medi-Cal.

Child Support. The District Attorney's Office can help you get support from your child's absent parent. You must ask the DA's Office for help.

Family Planning Services. Your Welfare Office will give you information when you ask.

Notice of Action

County Appeals Address

County Appeals
123 Main Street
County Seat, Calif. 98765

Jane Doe
789 - 10th Street
Anytown, Calif. 98763

Effective November 30, we're stopping your aid.

For twelve months we give a credit to wage earners on aid: \$30 a month. And for four months only, still another credit: one third of all the net income after all the other credits are allowed.

Jane Doe's four months for the 1/3 credit ends on November 30. When you lose that credit, your countable family income goes up. Your aid stops when your income is more than the need standard set by the state.

Your income and family needs are figured on the right.

RULES: These rules apply. You may review them at your welfare office.

STATE HEARING MPP 44-111.24

If you think this action is wrong you must ask for a hearing. The back of this page tells how. Your cash aid amount may not be changed if you ask for a hearing by December 2, 1985.

DATE November 15, 1985
CASE NAME Jane Doe
CASE NUMBER 111-11111
WORKER Ima Helpful
WORKER'S ADDRESS 456 South St.
County Seat, CA 98765

PHONE 567-4321

QUESTIONS? ASK YOUR WORKER

☐ GROSS INCOME
IN THE MONTH OF:

| | | |
|-----------------------------------|----|--|
| 1. County Collected Child Support | \$ | |
| 2. County Collected Child Support | + | |
| 3. County Collected Child Support | + | |
| 4. County Collected Child Support | + | |
| 5. TOTAL GROSS INCOME | = | |

☒ NET INCOME December
IN THE MONTH OF:

| | | |
|---|----|------------|
| 6. Total Earned Income | \$ | <u>672</u> |
| 7. Earned Lump Sum Income | + | |
| 8. Work Expense Disregard | - | <u>75</u> |
| 9. Dependent Care Disregard | - | <u>160</u> |
| 10. \$30 and 1/3 Disregard | - | |
| 11. \$30 Disregard | - | <u>30</u> |
| 12. Unearned Lump Sum Income | + | |
| 13. Other Countable Income | + | |
| 14. Other Countable Income | + | |
| 15. Other Countable Income | + | |
| 16. Court Ordered Support Paid | - | |
| 17. NET INCOME A | = | <u>407</u> |
| 18. County Collected Child Support (financial eligibility only) | + | <u>100</u> |
| 19. NET INCOME B | = | <u>507</u> |

☒ FAMILY NEEDS December
IN THE MONTH OF:

| | | |
|-------------------------------|----|------------|
| 20. Basic Needs For: <u>2</u> | \$ | <u>474</u> |
| 21. Special Needs | + | <u>00</u> |
| 22. Total Needs | = | <u>474</u> |
| 23. 195% of Needs | x | <u>185</u> |
| 24. 195% of Needs | = | |

☐ MONTHLY CASH AID AMOUNT

| | | |
|-----------------------------|----|--|
| 25. Basic Aid Needs | \$ | |
| 26. Special Needs | + | |
| 27. SUBTOTAL | = | |
| 28. NET INCOME A (Line 17) | - | |
| 29. SUBTOTAL | = | |
| Overpayment Adjustment | - | |
| 30. (See Page 2) | - | |
| 31. Monthly Cash Aid Amount | \$ | |

Medi-Cal. If your cash aid has been stopped or denied you will get another notice about Medi-Cal.

Child Support. The District Attorney's Office can help you get support from your child's absent parent. You must ask the DA's Office for help.

Family Planning Services. Your Welfare Office will give you information when you ask.

Notice of Action— Continued

Case Name :
Case Number :
Date of Notice :

DRAFT

Rules: These rules apply. You may review them at your welfare office.

State Hearing. If you think this action is wrong, you may ask for a hearing. The back of page 1 tells how.

Notice of Action - Continued

Case Name :
Case Number :
Date of Notice :

Reasons for Denial of Federal AFDC

When both parents are in the home at least one of them must be either disabled or an eligible principal earner to be eligible for Federal AFDC.

A disabled parent is one who cannot work or care for his/her child(ren) for at least 30 days because of a physical or mental condition.

A principal earner must meet either condition A or condition B below. The principal earner is the parent who earned the most money during the past 24 months. That person in your family is _____

CONDITION A — State Unemployment Insurance Benefits (UIB)

The principal earner now receives UIB, is now eligible to receive UIB, or was eligible to receive UIB sometime during the last 12 months.

CONDITION B — Earnings or Training

The principal earner must have earned at least \$50 in SIX (6) calendar quarters out of any 13 quarters in a row during the last 4 years. The quarter in which you apply for AFDC does not count.

Anything received in trade for work done is counted toward the \$50 earnings each quarter. For example, the quarter counts if the principal earner worked for the value of a room, food, clothing or something else worth at least \$50.

Any work including "odd jobs" such as mowing lawns and baby sitting also counts.

Any work done by a refugee before coming to the United States or in a refugee camp will be looked at and may count.

OR

The principal earner must have been training with the Work Incentive Program (WIN), the Community Work Experience Program (CWEP) or the Work Incentive Demonstration Program (WIN DEMO) in SIX (6) calendar quarters out of any 13 quarters in a row during the last 4 years.

OR

Any combination of earnings and training quarters that equal SIX (6) out of any 13 quarters in a row during the last 4 years.

Based on your information the principal earner in your family meets the rule in only _____ quarters. That is less than the 6 quarters needed.

| YEAR | 19 ____ | | | | 19 ____ | | | | 19 ____ | | | | 19 ____ | | | | 19 ____ | | | |
|---------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| QUARTER | JAN MAR | APR JUN | JUL SEP | OCT DEC | JAN MAR | APR JUN | JUL SEP | OCT DEC | JAN MAR | APR JUN | JUL SEP | OCT DEC | JAN MAR | APR JUN | JUL SEP | OCT DEC | JAN MAR | APR JUN | JUL SEP | OCT DEC |
| DATE OF APPLICATION | | | | | | | | | | | | | | | | | | | | |
| EARNINGS | | | | | | | | | | | | | | | | | | | | |
| TRAINING | | | | | | | | | | | | | | | | | | | | |

Rules: These regulations apply. You may review them at your welfare office: MPP 41-440.4.

State Hearing. If you think this action is wrong, you may ask for a hearing. The back of page 1 tells how.

Date of Notice :

Page _____ of _____